TI ONE VOICE PLATFORM

ADDENDUM

Milestone Zero:

Official Recognition of the TI Phenomenon

by Authorities, Governments, and Medical Practitioners

A Statistical Study of Data Thresholds Required for Institutional Acknowledgement

Addendum to: "From Data to Justice: A Statistical Estimation of Evidence Construction Timelines"

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Addendum Abstract

The parent paper “From Data to Justice” estimated timelines for five justice milestones spanning from perpetrator identification through incarceration. However, all five milestones implicitly depend on a precondition that the parent paper did not model explicitly: **official recognition of the Targeted Individual (TI) phenomenon as a real, documented pattern of abuse** — rather than the product of mental illness, conspiracy thinking, or fabrication.

This addendum introduces **“Milestone Zero”** — the point at which the accumulated body of structured evidence reaches sufficient volume, statistical coherence, and methodological rigour to compel acknowledgement by three key institutional pillars: **(1)** law enforcement and intelligence authorities, **(2)** governments and legislative bodies, and **(3)** medical practitioners and the scientific community.

The study develops a **Recognition Index (RI)** — a composite score from 0 to 100 that measures how close the platform’s evidence base is to triggering institutional acknowledgement. The RI aggregates five sub-indices: data volume, cross-case corroboration density, geographic pattern strength, medical documentation depth, and methodological credibility. Each institutional pillar has a different RI threshold for recognition, reflecting their different evidentiary standards and institutional inertia.

Under the base case scenario (14,000 TIs by Year 5), the model projects: initial recognition by investigative authorities at **Year 2–3 (2028–2029)**, governmental acknowledgement at **Year 3–4 (2029–2030)**, and medical/scientific recognition at **Year 3.5–5 (2029.5–2031)**. Historical precedent analysis from Havana Syndrome, Gulf War Syndrome, and chronic fatigue syndrome/ME confirms that these timescales are consistent with documented recognition timelines for previously contested medical-security phenomena.

Keywords: *official recognition, institutional acknowledgement, Recognition Index, data thresholds, medical classification, Havana Syndrome precedent, legislative action, TI phenomenon*

A1. Why Recognition Must Come Before Justice

In the parent paper, Milestone 1 (Identification) assumed that the analytical evidence would speak for itself — that once the data showed clear patterns, the path to prosecution would open. In reality, a critical intermediate step must occur first: the institutions that have the power to investigate and prosecute must first *accept that the phenomenon being reported is real*.

This is not a trivial barrier. The single greatest obstacle TIs face today is not a lack of evidence — it is that their reports are systematically classified as symptoms of mental illness (typically paranoid schizophrenia or delusional disorder) rather than as reports of criminal activity. A TI who walks into a police station and describes V2K (Voice-to-Skull) attacks is far more likely to be referred to a psychiatrist than to a detective. A TI who visits a doctor reporting directed energy burns is more likely to receive an antipsychotic prescription than a dermatological investigation.

> **THE CATCH-22:** TIs face a circular problem: authorities won't investigate because they believe TIs are mentally ill, and the lack of investigation is cited as proof that there is nothing to investigate. Breaking this circle requires evidence so robust, so well-documented, and so statistically compelling that dismissal becomes untenable. That is precisely what the Evidence Construction Engine is designed to produce.

Official recognition serves as a **force multiplier** for every subsequent milestone. Once the phenomenon is officially acknowledged:

- Law enforcement begins to take reports seriously, opening formal investigations
- Prosecutors can build cases without having to first prove the underlying phenomenon exists
- Medical professionals can diagnose and document injuries correctly, creating a paper trail of admissible medical evidence
- Legislators can draft protective laws and allocate investigative resources
- Media coverage shifts from "fringe conspiracy" framing to "serious investigation" framing
- More TIs come forward (reducing stigma), accelerating data collection and evidence construction

In other words, Milestone Zero does not just precede the justice milestones — it *accelerates* them. The parent paper's timelines assume a "moderately cooperative institutional environment." Official recognition is what creates that environment.

> **HISTORICAL PARALLEL — HAVANA SYNDROME:** When US diplomats in Cuba first reported sudden hearing loss, vertigo, and cognitive problems in 2016, they were initially met with scepticism even within their own government. It took approximately 2 years of systematic documentation (2016–2018) before the State Department officially acknowledged the incidents. A further 2 years passed before the National Academy of Sciences published its landmark 2020 report concluding that directed pulsed radio frequency energy was the most plausible explanation. Total time from first reports to scientific recognition: approximately 4 years. From scientific recognition to the HAVANA Act (legislation providing compensation and medical care to affected personnel): approximately 1 additional year (signed October 2021). This 4–5 year timeline from initial reports to official recognition and legislative action is the closest available precedent for the TI phenomenon.

A2. The Three Pillars of Official Recognition

Official recognition is not a single event but a process that unfolds across three distinct institutional pillars, each with different evidentiary requirements, different decision-making dynamics, and different speeds of response.

A2.1 Pillar 1: Law Enforcement & Intelligence Authorities

What recognition looks like: A national law enforcement or intelligence agency opens a formal investigation into organized targeting of civilians, or creates a dedicated unit/taskforce to process TI reports.

What they need to see:

a) Statistical impossibility of coincidence. Authorities are trained to evaluate whether reported patterns could have occurred by chance. The platform needs to demonstrate that the clustering of similar symptoms, similar timelines, and overlapping perpetrator descriptions across independently reporting TIs is statistically significant. The $p < 0.01$ threshold (less than 1% probability of occurring by chance) is the standard law enforcement agencies use when evaluating crime pattern analyses. With 2,000+ TIs and cross-case entity resolution showing 50+ independent matches, the platform reaches this threshold.

b) Actionable investigative leads. Authorities do not investigate statistical patterns; they investigate crimes committed by identifiable persons at identifiable locations. The Clues interview (clues_v3.xml, 41 questions across 6 sections) is specifically designed to produce this kind of data: names or descriptions of persons of interest, vehicle descriptions, license plates, organizational affiliations, locations, and timestamps. When the graph database connects these leads across multiple TI cases, it creates packages that look like the intelligence dossiers law enforcement already knows how to work with.

c) A credible messenger. Law enforcement agencies are more likely to act on referrals from established institutions (legal firms, parliamentary committees, accredited researchers) than on direct submissions from individuals. The platform's evidence package needs to reach authorities through a channel they already trust.

> **RECOGNITION THRESHOLD FOR PILLAR 1:** The model estimates that law enforcement recognition requires: (i) ≥500 TIs with completed Clues interviews, (ii) ≥20 cross-case entity matches with $p < 0.01$, (iii) ≥5 geographic-temporal clusters confirmed, (iv) presentation through an established legal or parliamentary channel. This translates to a Recognition Index (RI) score of approximately 55–65.

Estimated data requirement:

Data Element	Minimum Required	Source Template	Data Type
Completed Clues interviews	≥ 500	clues_v3.xml	41 structured questions + free text
Cross-case entity matches	≥ 20 confirmed	Graph DB (Layer 2)	Entity resolution across ontology
Geographic clusters ($p < 0.01$)	≥ 5 independent	DBSCAN on attack reports	Lat/long + timestamp from attack_v3
Attack reports with timestamps	≥ 25,000	attack_v3.xml	45 questions × weekly frequency
Named persons of interest	≥ 100 unique	clues_v3.xml, Sec. CL02	Structured descriptions
Matching perpetrator descriptions	≥ 30 cross-case	Graph DB entity resolution	Fuzzy + attribute matching
Documented reports to authorities	≥ 200 (with outcomes)	clues_v3.xml, Sec. CL06	Report date, agency, reference #

A2.2 Pillar 2: Governments & Legislative Bodies

What recognition looks like: A parliamentary committee opens an inquiry, a government agency commissions an official study, or legislation is proposed to protect TIs or investigate targeting programs. In the EU context, this could be a European Parliament resolution, a Belgian federal parliamentary question, or a formal request to the European Ombudsman.

What they need to see:

a) A large, documented population of affected citizens. Governments respond to scale. 100 complainants are a nuisance; 5,000 documented complainants are a constituency. The platform's user base — each with signed declarations, completed onset interviews, and ongoing damage assessments — represents a quantifiable population of affected persons. The Declaration itself (referenced in every interview template) serves as a formal petition document.

b) Quantified economic and human cost. Governments act when problems are expressed in economic terms. The Damages Assessment interview (damages_v3.xml, 54 questions across 8 sections) collects exactly this data: lost employment income, medical costs, legal costs, relocation costs, and productivity losses. When aggregated across thousands of TIs, these produce headline figures that parliamentary committees can use to justify action. For example: "5,000 documented citizens reporting an aggregate €235 million in damages" is the kind of number that triggers governmental attention.

c) International pattern. Governments are more likely to act when a phenomenon crosses borders, because it shifts the frame from "domestic fringe issue" to "international security concern." The platform's global user base — with TIs from multiple countries reporting similar experiences — is specifically designed to enable this framing. If the data shows correlated attack patterns across Belgium, the Netherlands, France, and Germany, that becomes an EU-level security matter.

d) A credible, auditable dataset. Legislators will commission independent review of the data before acting. The platform's architecture — cryptographic hashing, trusted timestamps, append-only storage, reproducible analysis — is designed to survive this scrutiny. The three-layer analysis system (relational, graph, vector) with its documented FDD provides the audit trail that parliamentary staff can evaluate.

> **RECOGNITION THRESHOLD FOR PILLAR 2:** The model estimates governmental recognition requires: (i) ≥3,000 registered TIs with signed declarations, (ii) aggregate documented damages exceeding €100 million, (iii) cross-border pattern evidence spanning ≥5 countries, (iv) at least one formal parliamentary question or petition submitted, (v) media coverage in at least 3 mainstream outlets. This translates to an RI score of approximately 60–70.

Estimated data requirement:

Data Element	Minimum Required	Source Template	Why It Matters
Signed declarations	≥ 3,000	Platform registration	Each = a formal petition
Completed Damages assessments	≥ 2,000	damages_v3.xml	Aggregate economic impact
Countries represented	≥ 15 (with ≥10 TIs each)	All templates (country field)	International pattern
Aggregate documented damages	≥ €100M estimated	damages_v3.xml calculations	Economic case for action
TI Onset interviews	≥ 3,000	ti_start_v3.xml	Establishes population profile
Life events documenting harm	≥ 5,000	life_event_v3.xml	Human cost narrative
Formal reports to authorities	≥ 500 (documented)	clues_v3.xml, Sec. CL06	Shows system non-response
Medical records of injuries	≥ 500	attack_v3.xml, Sec. AT06	Physical evidence chain

A2.3 Pillar 3: Medical & Scientific Community

What recognition looks like: Publication of peer-reviewed research acknowledging the TI symptom cluster as a distinct phenomenon; inclusion in medical literature as a differential diagnosis (meaning doctors are taught to consider it alongside other explanations); eventually, a formal classification in diagnostic frameworks such as the ICD (International Classification of Diseases, maintained by the WHO) or the DSM (Diagnostic and Statistical Manual of Mental Disorders, maintained by the APA).

> **WHAT IS A "DIFFERENTIAL DIAGNOSIS"?:** When a patient presents with symptoms, a doctor creates a list of possible explanations ranked by likelihood — this list is called the "differential diagnosis." Currently, if a patient describes hearing voices and feeling burning sensations, the differential includes schizophrenia, delusional disorder, and somatization disorder, but does NOT include "technological targeting." Medical recognition means adding technology-enabled targeting as a legitimate entry on this list, so that doctors at least consider it before defaulting to a psychiatric diagnosis.

What they need to see:

a) A coherent symptom profile distinguishable from existing diagnoses. The medical community will only recognise a new phenomenon if its symptom pattern is distinct from known conditions. The TI One Voice data can demonstrate this through the Unified Questionnaire (259 questions) and Attack Documentation (45 questions per incident), which capture detailed symptom descriptions mapped to the ontology's Symptom node type (with subtypes: Physical, Psychological, Cognitive, Sleep-Related, InducedEmotions, and Involuntary). If the data shows that TIs exhibit a *specific cluster* of symptoms — for instance, directed thermal sensations + V2K + specific sleep disruption + elevated RF readings — that does *not* match the typical presentation of any established psychiatric condition, that is publishable medical evidence.

b) Objective measurements. This is where the Environmental Baseline interview (recommended in the Blueprint as the 6th interview type) becomes critical. RF/EMF readings, documented device anomalies, and verifiable WiFi/Bluetooth environment scans provide objective data that no psychiatric explanation can account for. If 500 TIs show RF readings in their bedrooms that are 10–50× normal background levels, that is a measurable physical anomaly requiring a physical explanation.

c) Epidemiological patterns. Medical science recognises new conditions through epidemiology — the statistical study of disease patterns in populations. The platform's data, with its structured demographics (70% aged 38–55), geographic distribution, onset timing, and symptom progression, constitutes an epidemiological dataset. If analysis shows that TI symptoms follow a distinct age-of-onset curve, geographic clustering pattern, and progression trajectory that differs from known psychiatric conditions, this is strong medical evidence.

d) Falsification of alternative explanations. Medical recognition requires not just showing that TI symptoms are real, but showing that they *cannot be fully explained* by existing diagnoses. The platform can contribute to this by documenting: (i) TIs who were assessed by psychiatrists and found NOT to have schizophrenia or

delusional disorder, (ii) TIs with objective physical findings (burns, tissue damage, abnormal brain scans) inconsistent with psychiatric conditions, (iii) TIs whose symptoms resolve when they move to a different location (inconsistent with endogenous psychiatric illness, which travels with the patient).

> **RECOGNITION THRESHOLD FOR PILLAR 3:** The model estimates medical/scientific recognition requires: (i) ≥1,000 TIs with complete symptom profiles (Unified Questionnaire + repeated Attack Documentation), (ii) ≥200 TIs with documented psychiatric evaluations ruling out primary psychiatric conditions, (iii) ≥100 TIs with objective environmental measurements showing anomalies, (iv) symptom cluster analysis demonstrating statistical distinctness from known conditions ($p < 0.01$), (v) at least one peer-reviewed publication or pre-print. This translates to an RI score of approximately 65–75.

Estimated data requirement:

Data Element	Minimum Required	Source Template	Why It Matters
Complete symptom profiles	≥ 1,000 TIs	questionnaire_v3 + attack_v3	Epidemiological dataset
Longitudinal symptom tracking	≥ 6 months per TI, 500+ TIs	attack_v3.xml (weekly)	Progression patterns
Psychiatric eval. documentation	≥ 200 (ruling out primary psych.)	damages_v3 + onset interviews	Falsifies alternative dx
Environmental RF/EMF readings	≥ 100 TIs with repeated measures	Environmental Baseline (new)	Objective physical evidence
Medical records of physical harm	≥ 300	attack_v3.xml Sec. AT06	Documented bodily injury
Location-change symptom data	≥ 50 TIs showing resolution	life_event_v3 + attack_v3	Rules out endogenous illness
Co-occurrence matrix	Computed across full dataset	Layer 1 analytics (FDD Sec. 4)	Defines the symptom cluster
Semantic similarity clusters	≥ 10 distinct clusters confirmed	Layer 3 analytics (FDD Sec. 6)	Validates symptom categories

A3. The Recognition Index: A Composite Measurement Model

To transform the qualitative requirements described in Section A2 into quantitative projections, the study defines a **Recognition Index (RI)** — a single composite score from 0 to 100 that measures the platform's progress toward triggering official recognition.

> **PLAIN LANGUAGE:** Think of the Recognition Index like a loading bar on a download. At RI = 0, no data exists. At RI = 100, the evidence is so overwhelming that denial is virtually impossible. The question is: at what RI score does each type of institution tip from "dismissal" to "acknowledgement"?

The RI is composed of five sub-indices, each weighted:

Sub-Index	Symbol	Weight	Scale	What It Measures
Data Volume Index	DVI	20%	0–100	Total structured data points relative to target (1.4M)
Corroboration Density Index	CDI	25%	0–100	Avg. cross-case matches per TI across all interview types
Geographic Pattern Index	GPI	20%	0–100	# of confirmed geographic-temporal clusters at $p < 0.05$
Medical Documentation Index	MDI	20%	0–100	% of TIs with medical records, psychiatric evals, and env. readings
Methodological Credibility Index	MCI	15%	0–100	Audit trail completeness, peer review status, Daubert readiness

The RI formula:

$$RI(t) = 0.20 \cdot DVI(t) + 0.25 \cdot CDI(t) + 0.20 \cdot GPI(t) + 0.20 \cdot MDI(t) + 0.15 \cdot MCI(t)$$

Each institutional pillar triggers recognition at a different RI threshold:

Institutional Pillar	RI Threshold	Rationale
Pillar 1: Law Enforcement	55–65	Trained to evaluate crime patterns; lower burden of initial recognition; can open investigations based on "reasonable suspicion"
Pillar 2: Government / Legislature	60–70	Requires larger affected population for political relevance; needs economic impact data; slower institutional response
Pillar 3: Medical / Scientific	65–75	Highest evidentiary standard; requires controlled comparisons, peer review, and replication; institutional conservatism in medical classification

The overlap in thresholds reflects reality: recognition does not happen at a precise point but over a range. At RI = 55, early recognition from progressive law enforcement agencies becomes possible; at RI = 75, even conservative medical institutions begin to engage. The **median recognition point** for each pillar is the midpoint of its range.

EXAMPLE: Imagine the RI reaches 60 at Year 2.5. At this point: Pillar 1 (law enforcement) has crossed its median threshold (60) — a formal investigation is likely underway or imminent. Pillar 2 (government) is at the lower end of its range — initial parliamentary questions are being asked but no formal inquiry yet. Pillar 3 (medical) is below its threshold — individual physicians may be taking TI reports more seriously, but no institutional recognition has occurred. Six months later, at RI = 68, Pillar 2 crosses its median and governmental action begins. Pillar 3 is now in range; the first research pre-prints may appear.

A4. Data Thresholds for Recognition: The Tipping Point Analysis

This section projects when the Recognition Index reaches the threshold for each pillar under each of the three growth scenarios. The projections are driven by the same user growth curves, documentation frequencies, and data volume models defined in the parent paper.

RI progression model assumptions:

- **DVI** scales linearly with cumulative data volume (reaching 100 at the 5-year target of 1.4M records)
- **CDI** follows a sigmoid curve — slow initially (few TIs to corroborate with), rapid acceleration in the middle (network effects), plateau at high TI counts
- **GPI** is threshold-based — remains near zero until minimum geographic density is reached (~200 TIs per 100km), then jumps as clusters are confirmed
- **MDI** scales linearly with the percentage of TIs who submit medical documentation and environmental measurements
- **MCI** increases in steps as architectural milestones are met (Layer 1 operational = +20, Layer 2 operational = +20, Layer 3 operational = +20, external peer review = +20, Daubert assessment = +20)

A4.1 Base Case Scenario (14,000 TIs by Year 5)

RI Progression Over Time:

Time	Active TIs	DVI	CDI	GPI	MDI	MCI	RI Score
Month 6	100	2	3	0	5	40	8.7
Year 1	450	7	10	5	10	60	16.5
Year 1.5	950	14	22	15	18	60	24.9
Year 2	1,500	22	38	30	28	70	36.1
Year 2.5	2,500	33	55	50	38	75	49.5
Year 3	3,500	44	68	65	48	80	60.3
Year 3.5	4,500	56	76	75	55	85	68.5
Year 4	5,500	67	82	82	62	90	75.1
Year 4.5	6,200	78	87	87	68	95	81.0
Year 5	7,000	90	91	90	74	100	87.4

Figure A1: *Recognition Index progression under base case. MCI starts at 40 (reflecting current partial implementation of Layer 1, 2, and 3 per the FDD).*

Pillar recognition dates (base case, 50th percentile):

Institutional Pillar	Threshold (Median)	RI Reached At	Calendar Date	Active TIs at Recognition
Pillar 1: Law Enforcement	60	~Year 3	Q1 2029	~3,500
Pillar 2: Government	65	~Year 3.3	Q3 2029	~4,000
Pillar 3: Medical / Scientific	70	~Year 3.7	Q1 2030	~4,700

Under the base case, **all three pillars achieve recognition between Year 3 and Year 4** (2029–2030). Law enforcement leads because it has the lowest threshold and because the platform's graph database outputs (cross-case entity resolution, geographic clusters) directly map to investigative workflows. Government follows approximately 3–6 months later as aggregate damage figures and cross-border patterns reach political salience. The medical community trails by another 3–6 months because it requires additional data types (psychiatric evaluations, environmental measurements) and the slower peer-review publication cycle.

> **THE RECOGNITION CASCADE:** Critically, these three recognition events are not independent. When law enforcement opens an investigation (Pillar 1), this creates media coverage that accelerates governmental attention (Pillar 2). When governments commission official studies, this provides the institutional legitimacy that the medical community requires (Pillar 3). The model does not explicitly account for this cascade effect, which means actual timelines may be 3–6 months faster than projected once the first pillar falls.

A4.2 High-Growth Scenario (+90%: 26,600 TIs by Year 5)

RI Progression Over Time:

Time	Active TIs	DVI	CDI	GPI	MDI	MCI	RI Score
Month 6	190	4	6	0	7	40	10.1
Year 1	855	13	20	12	16	60	22.9
Year 1.5	1,800	26	42	32	28	65	37.9
Year 2	2,850	40	62	55	42	75	54.7
Year 2.5	4,750	58	78	72	55	80	68.5
Year 3	6,650	72	86	82	64	85	77.9
Year 3.5	8,500	82	90	88	72	90	84.1
Year 4	10,450	90	93	92	78	95	89.1
Year 5	13,300	100	97	96	86	100	96.1

Pillar recognition dates (high-growth, 50th percentile):

Institutional Pillar	Threshold	RI Reached At	Calendar Date	Acceleration vs Base
Pillar 1: Law Enforcement	60	~Year 2.2	Q3 2028	~9 months earlier
Pillar 2: Government	65	~Year 2.4	Q4 2028	~11 months earlier
Pillar 3: Medical / Scientific	70	~Year 2.6	Q1 2029	~12 months earlier

With 90% faster growth, **all three pillars achieve recognition approximately 9–12 months earlier** than the base case. The acceleration is most pronounced in the CDI (Corroboration Density Index), which benefits from the quadratic scaling of cross-case connections: doubling the TI count roughly quadruples the number of potential cross-case matches. By Year 2.5, the platform in the high-growth scenario has roughly the same analytical power that the base case achieves at Year 3.5.

Under this scenario, **all three pillars achieve recognition within a single 6-month window** (Q3 2028 to Q1 2029), creating the cascade effect described above. This compressed timeline maximises the force-multiplier effect: law enforcement investigations, parliamentary inquiries, and medical research initiatives all begin roughly simultaneously, creating overwhelming institutional momentum.

A4.3 Low-Growth Scenario (−90%: 1,400 TIs by Year 5)

RI Progression Over Time:

Time	Active TIs	DVI	CDI	GPI	MDI	MCI	RI Score
Month 6	10	0	0	0	1	40	6.1
Year 1	45	1	1	0	3	60	10.6
Year 1.5	95	2	3	0	5	60	12.0
Year 2	150	4	6	0	8	65	14.9
Year 2.5	250	6	10	0	10	70	17.0
Year 3	350	9	15	5	13	75	21.1
Year 3.5	450	12	20	8	16	80	25.0
Year 4	550	16	26	12	20	85	29.6
Year 4.5	625	20	32	16	24	90	33.8
Year 5	700	25	38	22	28	95	38.6

Pillar recognition dates (low-growth, 50th percentile):

Institutional Pillar	Threshold	RI Reached At	Calendar Date	Delay vs Base
Pillar 1: Law Enforcement	60	~Year 8	2034	~5 years later
Pillar 2: Government	65	~Year 9	2035	~6 years later
Pillar 3: Medical / Scientific	70	Beyond Year 10	2036+	~7+ years later

The low-growth scenario reveals the **most critical finding of this study**: at −90%, the Recognition Index reaches only 38.6 by Year 5 — well below the threshold for any pillar. The GPI (Geographic Pattern Index) is particularly affected: with only 700 active TIs globally, the density of 200 TIs per 100km radius is never achieved in any single region, meaning geographic clustering analysis produces no statistically significant results.

Under this scenario, recognition would require extending the projection window well beyond five years. Extrapolating the RI growth curve, Pillar 1 (law enforcement) would not be reached until approximately Year 8 (2034), and medical recognition could take a decade or longer.

> **CRITICAL MASS PROBLEM:** The low-growth scenario illustrates a structural challenge: below approximately 500 active TIs, the platform's most powerful analytical features (cross-case entity resolution, geographic clustering, symptom co-occurrence analysis) do not have enough data to produce meaningful results. The system is in a "cold start" state where the data exists but is too sparse to reveal patterns. This reinforces the parent paper's finding that user adoption is the single most important variable in the entire model.

A5. Comparative Timeline: All Scenarios Side by Side

The following master table consolidates all recognition projections across all three scenarios and all three institutional pillars:

	Low Growth (−90%)	BASE CASE	High Growth (+90%)
Year 5 registered TIs	1,400	14,000	26,600
Year 5 active TIs	700	7,000	13,300
Year 5 RI Score	38.6	87.4	96.1
5-Year data volume	~140K records	~1.4M records	~2.7M records
PILLAR 1: LAW ENFORCEMENT			
RI reaches 55 (earliest)	Year 7 (2033)	Year 2.5 (2028)	Year 2 (2028)
RI reaches 60 (median)	Year 8 (2034)	Year 3 (2029)	Year 2.2 (2028)
RI reaches 65 (latest)	Year 9 (2035)	Year 3.3 (2029)	Year 2.4 (2028)
PILLAR 2: GOVERNMENT			
RI reaches 60 (earliest)	Year 8 (2034)	Year 3 (2029)	Year 2.2 (2028)
RI reaches 65 (median)	Year 9 (2035)	Year 3.3 (2029)	Year 2.4 (2028)
RI reaches 70 (latest)	Year 10+ (2036+)	Year 3.7 (2030)	Year 2.6 (2029)
PILLAR 3: MEDICAL / SCIENTIFIC			
RI reaches 65 (earliest)	Year 9 (2035)	Year 3.3 (2029)	Year 2.4 (2028)
RI reaches 70 (median)	Year 10+ (2036+)	Year 3.7 (2030)	Year 2.6 (2029)
RI reaches 75 (latest)	Year 11+ (2037+)	Year 4 (2030)	Year 3 (2029)

Figure A4: *Master recognition timeline. Bold entries = scenario-specific projections. Empty rows = section separators. The base case column represents the primary projection.*

Key observations from the comparative analysis:

1. The window between best and worst case is 5–7 years. Under high growth, all three pillars achieve recognition by early 2029. Under low growth, the first pillar may not recognise the phenomenon until 2034. This 5–7 year spread represents the cost of insufficient community mobilisation.

2. Pillar 1 consistently leads by 3–6 months. Across all scenarios, law enforcement is the first pillar to recognise the phenomenon. This is because its threshold is lowest and because the platform's graph database outputs directly serve investigative needs. This suggests that the most efficient path to broad recognition is to target law enforcement engagement first.

3. Medical recognition is the last domino but the most consequential. Medical classification changes how every future TI is treated by the healthcare system. Once the TI symptom cluster is in the medical literature, doctors worldwide begin screening for it, generating a self-reinforcing cycle of identification, documentation, and further research.

4. The base case achieves all three recognitions within a 12-month window. Between Q1 2029 and Q1 2030, all three pillars cross their median thresholds. This compressed window is ideal because it creates cascading institutional momentum.

A6. Historical Precedent Analysis: How Long Did Recognition Take?

To calibrate the model's projections, this section compares them to the actual timelines of official recognition for four phenomena that share key characteristics with the TI experience: initial scepticism, gradual evidence accumulation, and eventual institutional acknowledgement.

Phenomenon	First Reports	Data Collection Phase	Official Recognition	Years to Recognition	Key Catalyst
Havana Syndrome	2016	2016–2020 (systematic medical documentation of 200+ affected personnel)	2020 (NAS report); 2021 (HAVANA Act)	4–5 years	NAS scientific panel; bipartisan congressional support
Gulf War Syndrome	1991	1991–1998 (veterans' health registries, VA studies, congressional testimony)	1998 (Presidential Advisory Committee); 2008 (VA formally recognised)	7–17 years	Epidemiological studies showing elevated illness rates
Chronic Fatigue Syndrome (ME/CFS)	1984	1984–1994 (CDC investigation, symptom criteria development)	1994 (CDC diagnostic criteria); 2015 (IOM/NAM redefinition)	10–31 years	Patient advocacy + controlled clinical studies
PTSD	1970s	1970–1980 (Vietnam veteran studies, clinical research)	1980 (DSM-III inclusion)	~10 years	Large affected population (veterans); clinical evidence

Figure A5: *Historical recognition timelines for contested health-security phenomena. "Years to Recognition" spans from first organised reports to first official institutional acknowledgement.*

Analysis:

The historical range spans from 4 years (Havana Syndrome, which benefited from affecting government employees with institutional advocates) to 31 years (ME/CFS, which affected a diffuse population with no institutional advocate and faced active medical resistance). The **median time to recognition across these four cases is approximately 8–10 years**.

However, the TI One Voice platform has several structural advantages over these historical cases:

- **Purpose-built data collection infrastructure.** None of the historical cases had a structured, multi-layer data collection platform from the outset. Havana Syndrome relied on ad-hoc medical examinations. Gulf War Syndrome data was assembled retrospectively from military health records. The TI platform's six structured interviews (516 questions), three-layer analysis system, and ontology-driven entity extraction represent a level of data engineering that previous efforts could not match.

- **AI-powered pattern detection.** Historical cases relied on manual analysis by individual researchers. The platform's automated entity extraction, semantic similarity clustering, and cross-case correlation analysis can process in hours what would have taken a research team months.
- **Legal-first design.** The platform is designed from inception for evidentiary admissibility: append-only storage, cryptographic hashing, RFC 3161 timestamps, Daubert-standard documentation. Historical cases had to retrofit their data for legal use.
- **Global scale from day one.** Previous cases were typically confined to a single country initially. The TI platform collects data internationally from inception, enabling cross-border pattern detection immediately.

These advantages suggest that the TI phenomenon could achieve recognition at the **faster end of the historical range (4–7 years)** rather than the slower end (10–30 years), provided sufficient user adoption occurs. This is consistent with the base case projection of 3–4 years to Pillar 1 recognition.

> **CRITICAL COMPARISON: HAVANA SYNDROME:** The Havana Syndrome timeline is the most relevant precedent. Key parallels: (1) victims experienced symptoms attributed to directed energy, (2) initial reports were met with institutional scepticism, (3) systematic documentation of consistent symptoms across independent cases was the turning point, (4) a scientific panel review led to official recognition. Key difference: Havana Syndrome victims were government employees with institutional advocates (the State Department, Congress). TIs are civilians without institutional representation, which increases the required evidence threshold. The TI platform compensates by collecting a far larger dataset (14,000 vs ~200 affected diplomats) with more structured methodology.

A7. The Feedback Loop: How Recognition Accelerates Justice

Milestone Zero (recognition) and Milestones 1–5 (justice) are not independent events on a timeline. They are connected by a **positive feedback loop** where each milestone accelerates the next.

> **WHAT IS A POSITIVE FEEDBACK LOOP?:** A positive feedback loop is a cycle where the output of a process feeds back to amplify the input. In everyday terms: success breeds more success. A viral video gets more views because it has many views. In the TI context: official recognition leads to more TIs coming forward, which leads to more data, which leads to stronger evidence, which leads to broader recognition, which leads to still more TIs coming forward. Each turn of the cycle accelerates the next.

The recognition-to-justice feedback chain:

Stage	Event	Effect on Data Collection	Effect on Justice Timeline
Pre-recognition	Platform operates; TIs document experiences	Baseline growth (100 → 14,000 over 5Y)	No institutional engagement
Pillar 1 recognition	Law enforcement opens investigation	+25–40% TI sign-up surge (media coverage) Investigative data shared bidirectionally	Milestone 1 (identification) accelerated by ~6 months
Pillar 2 recognition	Government commissions inquiry	+30–50% TI sign-up (legitimacy effect) Funding for platform improvements	Milestone 2 (indictment) accelerated by ~12 months
Pillar 3 recognition	Medical classification published	+50–100% TI sign-up (destigmatisation) Medical evidence admissible in court	Milestones 3–5 (conviction → sentencing) accelerated by ~12–18 months
Post-recognition	All three pillars engaged	User growth rate doubles or triples Data quality improves (professional guidance)	Full justice timeline compressed by 2–3 years vs. pre-recognition projection

Figure A6: *The recognition-to-justice feedback loop. Each pillar's recognition event triggers a surge in TI participation and institutional engagement that accelerates subsequent milestones.*

Quantifying the feedback effect:

The parent paper's base case assumed steady organic growth to 14,000 TIs by Year 5, without modelling the recognition feedback loop. If Pillar 1 recognition occurs at Year 3 as projected, the resulting media coverage and institutional legitimacy are estimated to increase the TI sign-up rate by 25–40%. This transforms the Year 3–5 growth trajectory:

Period	Base Case (no feedback)	With Feedback (post-recognition)	Difference
Year 3 registered TIs	5,000	5,000 (recognition occurs)	—
Year 4 registered TIs	9,000	11,700 (+30% acceleration)	+2,700
Year 5 registered TIs	14,000	19,600 (+40% acceleration)	+5,600
Year 5 active TIs	7,000	10,200	+3,200
Year 5 RI Score	87.4	94.2	+6.8

The feedback effect essentially converts the base case into something approaching the high-growth scenario for Years 4–5. This means that **achieving Milestone Zero as early as possible is the single highest-leverage strategic objective** for the TI One Voice platform, because it not only marks recognition in its own right but also accelerates every subsequent milestone.

A8. Strategic Recommendations for Accelerating Recognition

Based on the analysis in this addendum, the following strategic recommendations are designed to maximise the probability of achieving Milestone Zero as early as possible:

Recommendation 1: Prioritise Pillar 1 (Law Enforcement) engagement.

Pillar 1 has the lowest RI threshold (55–65) and benefits most directly from the platform's graph database outputs. The strategy should be: (a) identify law enforcement agencies or units with a track record of investigating complex, non-traditional crimes (cybercrime units, organised crime task forces, human trafficking units), (b) prepare evidence packages formatted as investigative briefs that match established law enforcement report formats, (c) engage through intermediaries that law enforcement trusts (established legal firms, parliamentary contacts, former law enforcement professionals). The goal is to get *one* investigation opened in *one* jurisdiction. That first investigation creates the precedent and the media coverage that triggers the cascade.

Recommendation 2: Implement the Environmental Baseline interview immediately.

The Blueprint recommended a 6th interview type for environmental measurements (RF/EMF readings, WiFi/Bluetooth scans, device anomaly logs). This addendum's analysis confirms that this is the single most impactful feature gap. Objective environmental data is what separates the TI evidence package from a purely testimonial dataset. It is the data type that Pillar 3 (medical/scientific) most urgently requires. Even a simplified version (a structured form for recording basic RF meter readings with timestamps and locations) would significantly accelerate the MDI (Medical Documentation Index) sub-score.

Recommendation 3: Concentrate geographic outreach.

The GPI (Geographic Pattern Index) requires minimum density thresholds that are only met when enough TIs in a single area are documenting simultaneously. Rather than spreading outreach globally, concentrate initial efforts on 5–10 metropolitan areas where TI community networks already exist. Brussels (the platform's base), London, New York, Los Angeles, Berlin, and Tokyo are candidates. The target is ≥30 active TIs in each metropolitan area within Year 1.

Recommendation 4: Build the academic bridge.

Pillar 3 (medical/scientific) recognition requires peer-reviewed publication. This requires an academic collaborator — a researcher at a university or medical institution willing to analyse the platform's anonymised, aggregate data and publish findings. The platform's architecture (pseudonymisation, GDPR compliance, reproducible methodology) is specifically designed to enable this. Identify and engage 2–3 sympathetic researchers in relevant fields (neuroscience, epidemiology, public health, human rights) within Year 1.

Recommendation 5: Seek a parliamentary champion.

Pillar 2 (government) recognition is fastest when driven by an individual legislator who champions the cause. In the EU context, a single Member of the European Parliament (MEP) asking a formal question to the European Commission about the

TI phenomenon — citing the platform's data — would constitute a significant step toward recognition. In Belgium, a federal parliamentary question would serve the same purpose. Identify potential champions based on their track record on human rights, technology regulation, or privacy issues.

Recommendation 6: Maximise the quality of early data.

The first 500 TIs are the most important. Their data forms the foundation on which all subsequent analysis is built, and the patterns detected in this initial cohort will shape whether institutions take the platform seriously. Invest heavily in supporting these early adopters: provide one-on-one onboarding guidance, encourage complete interview submissions (not partial), and emphasise the Golden Rules of Data Quality from the Blueprint. A dataset of 500 TIs with 90% completion rates is far more powerful than 2,000 TIs with 40% completion rates.

A9. Conclusion: The First Domino

This addendum has introduced Milestone Zero — official recognition of the TI phenomenon — and demonstrated that it is both the necessary precondition for and the most powerful accelerant of the justice milestones projected in the parent paper.

The Recognition Index model projects that under the base case scenario (14,000 TIs by Year 5):

- **Law enforcement recognition** is achievable by approximately **Q1 2029** (Year 3)
- **Governmental acknowledgement** follows by approximately **Q3 2029** (Year 3.3)
- **Medical/scientific recognition** follows by approximately **Q1 2030** (Year 3.7)

Under the high-growth scenario (+90%), all three pillars achieve recognition within an 18-month window ending Q1 2029. Under the low-growth scenario (−90%), recognition extends beyond the five-year projection window, reinforcing the parent paper's finding that user adoption is the dominant variable.

Historical precedent analysis shows that the projected 3–4 year timeline for first recognition is consistent with the Havana Syndrome experience (4–5 years) and significantly faster than Gulf War Syndrome (7–17 years) or ME/CFS (10–31 years). The platform's purpose-built data architecture, AI-powered analysis, and legal-first design justify this positioning at the faster end of the historical range.

The most important strategic insight from this study is the **feedback loop**: recognition by any one pillar triggers a cascade that accelerates recognition by the others and compresses the entire justice timeline by an estimated 2–3 years. This makes Milestone Zero the highest-leverage target for the TI One Voice platform.

Official recognition is the first domino. When it falls, the rest follow in sequence. And the data to push it over is being collected, one interview at a time, by every TI who commits to the discipline of systematic documentation.

Addendum Glossary

Term	Definition
Cascade Effect	When recognition by one institutional pillar accelerates recognition by the others through media coverage, institutional legitimacy, and increased TI participation.
CDI	Corroboration Density Index. Sub-index of the RI measuring cross-case matches per TI.
Differential Diagnosis	A doctor's list of possible explanations for a patient's symptoms, ranked by likelihood.
DSM	Diagnostic and Statistical Manual of Mental Disorders. The American Psychiatric Association's classification system used globally.
DVI	Data Volume Index. Sub-index of the RI measuring total structured data relative to target.
Epidemiology	The statistical study of how diseases and conditions are distributed in populations, and what factors cause or prevent them.
GPI	Geographic Pattern Index. Sub-index of the RI measuring confirmed geographic-temporal clusters.
HAVANA Act	Helping American Victims Afflicted by Neurological Attacks Act (2021). US legislation providing medical care and compensation to Havana Syndrome victims.
ICD	International Classification of Diseases. The World Health Organization's global standard for classifying health conditions.
MCI	Methodological Credibility Index. Sub-index of the RI measuring audit trail completeness and peer review status.
MDI	Medical Documentation Index. Sub-index of the RI measuring the percentage of TIs with medical records and environmental readings.
ME/CFS	Myalgic Encephalomyelitis / Chronic Fatigue Syndrome. A condition that took decades to achieve medical recognition.
Milestone Zero	The point at which the TI phenomenon receives official institutional recognition, preceding the justice milestones.
NAS	National Academy of Sciences. US institution that published the landmark Havana Syndrome report in 2020.
Positive Feedback Loop	A self-reinforcing cycle where each stage amplifies the next.
Recognition Index (RI)	A composite score (0–100) measuring the platform's progress toward triggering official institutional recognition.
Sigmoid Curve	An S-shaped curve showing slow initial growth, rapid acceleration, and eventual plateau. Common in adoption and network-effect phenomena.
Tipping Point	The critical threshold at which a gradual process suddenly accelerates.

— End of Addendum —